

# CLAIMS ONLY

Application Number

101783407

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
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50						
Total Indep	15		1			
Total Depend		15		15		
Total Claims	16		14			

  

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						